

	APS	Licensure Unit	Community Based Services for Specialized DD providers
Statutory Authority:	<p>§28-348 through 28-387: Adult Protective Services Act.</p> <p>§28-352: Receive and investigate reports of A/N/E; develop social service plans; arrange for the provision of services; arrange for the provision of items (food, clothing, shelter, etc.); arrange or coordinate services for caregivers.</p> <p>APS investigates all accepted intakes but cannot provide ongoing services unless the allegations are substantiated.</p>	<p>§71-401 through 71-480: Health Care Facility Licensure Act</p> <p>§71-402: The purpose of the Health Care Facility Licensure Act and the Nebraska Nursing Home Act is to protect the public health, safety, and welfare by providing for the licensure of health care facilities and health care services in the State of Nebraska and for the development, establishment, and enforcement of basic standards for such facilities and services.</p>	<p>From 404 NAC 1-002 Developmental Disabilities Services Act (DDSA) (<u>Neb. Rev. Stat. §§ 83-1201 to 83-1226</u>);</p> <p>Nebraska Medical Assistance Program ( <u>Neb. Rev. Stat. §§ 68-901 to 68-949</u>);</p> <p>Title XIX of the Social Security Act, including Section 1915(c) of the Social Security Act (Medicaid HCB Waiver);</p> <p>42 CFR 440.180 and Part 441, Subpart G; and</p> <p>The Health and Human Services Act (<u>Neb. Rev. Stat. §§ 81-3110 to 81-3124</u>).</p> <p><u>Adult Abuse</u>: In accordance with <u>Neb. Rev. Stat. § 28-351</u>, in regard to adults: Abuse means any knowing, intentional, or negligent act or omission on the part of a caregiver, a vulnerable adult, or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, exploitation, or denial of essential services to a vulnerable adult. In accordance with <u>Neb. Rev. Stat. § 28-358</u>, exploitation means the taking of</p>

			<p>property of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, or extortion, or by any unlawful means.</p> <p><u>Child Abuse:</u> In accordance with <u>Neb. Rev. Stat. § 28-710</u>, in regard to children: Child abuse or neglect means knowingly, intentionally, or negligently causing or permitting a minor child to be:</p> <ul style="list-style-type: none"><li>a. Placed in a situation that endangers his /her life or physical or mental health;</li><li>b. Cruelly confined or cruelly punished;</li><li>c. Deprived of necessary food, clothing, shelter, or care;</li><li>d. Left unattended in a motor vehicle if such minor child is six years of age or younger;</li><li>e. Sexually abused; or</li><li>f. Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions.</li></ul> <p>Failure to file a report of suspected abuse or neglect as required by Neb. Rev. Stat. §§28-372 and 28-711 could be grounds for termination of the provider's current certification.</p>
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Population Served:	<p>§28-371: Vulnerable Adult shall mean any person 18 years or older who has a substantial mental or functional impairment or who has a guardian.</p> <p>These adults can be found in both facilities and in the community.</p>	<p>Any individual residing in a licensed health care facility either Long Term Care (LTC) or non-LTC.</p> <p>LTC includes: nursing homes, assisted living facilities, and ICF/ID (Intermediate Care Facilities for Individuals with Intellectual Disability)</p> <p>Non-LTC includes: all other health care facilities</p>	<p>Title 404 NAC governs community-based services for individuals with developmental disabilities (DD).</p> <p>A provider needs to be certified to provide such services; certification is the approval by DHHS to allow such provider to deliver specialized services to individuals with DD and also includes an approval process necessary to qualify a provider to receive public funding for the delivery of DD services.</p> <p>Persons with developmental and intellectual disabilities, as defined in <u>Neb. Rev. Stat. § 83-1205</u> and <u>Neb. Rev. Stat. § 83-381(1)</u>, respectively, who are served by a certified specialized provider.</p>

<p>Types of Responses to Allegations:</p>	<p>All responses to allegations are conducted face-to-face. This would include interviews with the victim, perpetrator, and collateral contacts as well as records review.</p>	<p>Complaints are assigned a response type based on the information given. All complaints are accepted and triaged.</p> <p><u>LTC Facilities</u>  (IJ: Immediate Jeopardy)  A=IJ onsite 2 days  B=Non-IJ High (onsite 10-15 days depending on program)  C=Non-IJ Medium (onsite 45 days)  D=Non IJ Low (onsite next survey or 6 months depending on program)  E=Offsite/Desktop review  F or G=Referral  H=No Action Necessary</p> <p><u>Non-LTC Facilities</u>  A=IJ onsite 2 days  B=Non-IJ High (onsite within 45 days)  C=IJ Medium (onsite with next survey, which may be several years)  D=Non IJ Low (Review for trends, manager discretion to close or investigate further if trend identified)  E= not an option for Non Long term care.  F or G=Referral  H=No Action Necessary</p>	<p>Complaints are accepted and triaged if related to a specialized DD provider service. The triage process determines if further follow up by the surveyor team is warranted.</p> <ul style="list-style-type: none"> <li>- On-call procedure is to enter complaints within the same business day it was received.</li> <li>- Triage is completed the same business day or the following business day.</li> <li>- Complaints that are egregious are expedited through this process and addressed immediately by management.</li> </ul> <p>Triage takes into account the action of CFS, the action of other Licensure Unit entities, appearance of trends or patterns, the potential of imminent danger.</p> <p>Possible actions assigned to the surveyor include:</p> <ol style="list-style-type: none"> <li>1. Call DDSC to inquire about the issues present in the complaint</li> <li>2. Contact the provider to inquire about their follow up/actions taken in relation to the complaint</li> <li>3. Track and review findings from CFS investigation</li> <li>4. Desk review of provider policies and actions to determine culpability or preventative measures</li> </ol>
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Response Times to Allegations:	<p>Allegations are assigned a Priority by the APS/CPS Hotline based on the severity of the allegations.</p> <p>Priority 1: 8 hours</p> <p>Priority 2: 5 calendar days</p> <p>Priority 3: 10 calendar days</p>		<p>Surveyors are assigned to review a DD provider's actions based on the triage process.</p> <p>The survey team uses Title 404 NAC 4-008 Incident Reporting; 4-010 Abuse and Neglect; the Therap GER Reference Guide effective 1/1/14; and the provider's policies and procedures established for handling allegations. These areas specifically assess a provider's response times to allegations.</p>

Purpose of Assessments:	<u>Three purposes:</u> -To assure the safety of the vulnerable adult -To identify if abuse, neglect, or exploitation has occurred -To provide services to victims of abuse, neglect, or exploitation	<u>Three purposes:</u> -To assure safety of the residents of the facilities -To assure that the facilities are operating within the parameters of their license -To determine if the facility's statements of compliance are acceptable. If not, these will be returned to the facilities to be edited. If the statement of compliance is still not acceptable, disciplinary actions can be taken against the license up to and including termination.	To assure safety of the residents of the facilities -To assure that the facilities are operating within the parameters of the regulations in accordance with the General Service Contract and their certification. -To determine if the provider's statements of compliance are acceptable.
Reporting Responsibility across Jurisdictions:	-All APS intakes are referred to Law Enforcement. -All ORG related APS intakes are referred to the Licensure Unit. -All APS intakes that involve a Medicaid eligible individual are referred to the Medicaid Fraud Unit. -All APS intakes involving an individual receiving Developmental Disabilities services is referred to DD. -All APS intakes involving a child in the household are screened for Child Protective Services.	-Any complaint that's related to abuse, neglect, or misappropriation (the taking or use of personal items of the resident other than resident use) that has not gone through the APS/CPS Hotline will be sent to the hotline. -If the complaint is related to abuse/neglect is by a licensed person, it is reported to the credentialing authority. -The facilities themselves are responsible for reporting abuse/neglect per the APS act. The facility can be cited for failing to report abuse/neglect. -If it is <i>federal facility</i> (majority of nursing homes) and there is an injury of unknown origin, they HAVE to report it, prior to investigating it, even if they do not believe it is abuse or neglect. -It is required by the Licensure Unit to report to APS if there is an accidental fall that results in significant injury (had to have some kind of follow-up or affected their health condition significantly—has to do with comorbidities that the victim may have).	-Any complaint related to abuse, neglect, or exploitation that has not gone through the APS/CPS Hotline will be sent to the hotline. -If a complaint or certification identifies areas of concern with 172 NAC 95, 96, or 99, those concerns are referred to Public Health Licensure. -The DD providers are responsible for reporting abuse/neglect per the APS act. The provider can be cited for failing to report abuse/neglect. If a complaint is related to abuse or neglect by a licensed person, it is reported to the credentialing authority for that profession.